



Online Estate Planning Just Got Easier!

PREPARE YOUR FAMILY LEGACY

GROWSHINE DOCUMENT SUITE

Last Will & Testament

Dictates debt arrangements, asset distribution, and guardianship for minor children at death. Usually called a Will.

Revocable Living Trust

Often pairs with your Will to distribute certain assets and funds through the Trust instead of your Will to avoid probate court and maintain privacy.

Power of Attorney

Authorizes those responsible for making financial decisions and transactions if you are incapacitated.

Health Care Surrogate Designation

Names a person to make healthcare decisions if incapacitated. Also called a Health Care Power of Attorney.

HIPAA Authorization

Designates a person or party that may receive access to your confidential medical and mental health information protected by the Health Insurance Portability and Accountability Act of 1996.

Living Will Declaration

Instructs physicians and loved ones whether to keep you alive or not if you are permanently unconscious or have a terminal condition. Also called an Advance Directive.

IS ESTATE PLANNING IS RIGHT FOR YOU?

TAKE A SHORT QUIZ!

1. Do you already have proper arrangements to settle debts and a personal representative to oversee the settlement of your estate? **Yes or No**
2. If you have children, have you specified a caretaker should something happen to you? **Yes or No**
3. Are you aware of the necessary documents that allow you to access your child's medical records and influence medical decisions even after they turn 18? **Yes or No**
4. Are you comfortable letting your children control their inheritance when they turn 18? **Yes or No**
5. Are you comfortable with the state freezing your assets and deciding what happens to your possessions at your death? **Yes or No**
6. Have you identified who will handle your financial and legal affairs should you become incapacitated? **Yes or No**
7. Do you know who will make healthcare and life decisions for you if something happens to you? **Yes or No**
8. Do you know which family members (including your spouse) will have access to your medical info in writing? **Yes or No**
9. Have you acknowledged what treatments to administer or withhold even when recovery isn't likely? **Yes or No**
10. Have you updated your estate plan to reflect your most recent life changes? **Yes or No**

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Did you answer "**No**" to any of the above questions?
Reach out to your advisor today.

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